
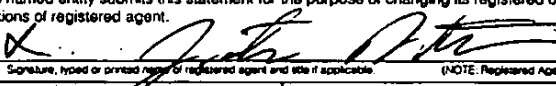
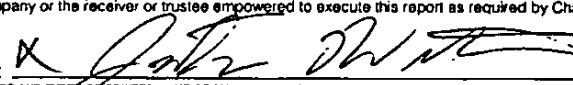


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90139 005 \*\*\*\*50.00

30002633

<b>DOCUMENT # L05000081477</b>				
1. Entity Name <b>ALLEN, WITTLIN &amp; ASSOCIATES, LLC</b>				
Principal Place of Business <b>455 VICTORIA HILLS DRIVE DELAND, FL 32724 US</b>		Mailing Address <b>455 VICTORIA HILLS DRIVE DELAND, FL 32724 US</b>		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-3357827</b> Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
STONE, STEPHEN M ESQ 725 NORTH MAGNOLIA AVENUE ORLANDO, FL 32803				Name <input checked="" type="checkbox"/> <b>Justin Wittlin</b> Street Address (P.O. Box Number is Not Acceptable) <b>1607 Spring Garden Ave #</b> <b>Suite 10</b> City <b>DeLand</b> FL Zip Code <b>32720</b>
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE <input checked="" type="checkbox"/>		 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE <b>2-14-06</b>
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN, THOMAS V	NAME		
STREET ADDRESS	455 VICTORIA HILLS DRIVE	STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32724	CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WITTLIN, JUSTIN P	NAME		
STREET ADDRESS	455 VICTORIA HILLS DRIVE	STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32724	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				
SIGNATURE: <input checked="" type="checkbox"/>		 Signature and typed or printed name of signing managing member, manager, or authorized representative		DATE <b>2-14-06</b>
				Daytime Phone #



ATTACHMENT

30002693

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2006

ALLEN, WITTLIN & ASSOCIATES, LLC  
455 VICTORIA HILLS DRIVE  
DELAND, FL 32724 US

Subject: ALLEN, WITTLIN & ASSOCIATES, LLC

Reference Number: **L05000081477**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cj  
ANNUAL REPORTS SECTION